

OM. OTHER MEDICAL EXPENSES UTILIZATION
(CORE ONLY)

BOX OM1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX PMS1 . OTHERWISE, GO TO OM1.
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OM1. Next I'm going to ask you about other medical expenses that (you/SP) may have had between [(PREVIOUS ROUND INTERVIEW DATE) and (today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION))]. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs of eyeglasses or contact lenses?

OMPREFEG YES 1 (OM2)
 NO 2 (OM3)
 REFUSED -7 (OM3)
 DON'T KNOW -8 (OM3)

OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

EVNTTYPE
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1AA	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM2a FOR EACH DATE ENTERED AT OM2. OTHERWISE, GO TO OM3.
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OM2a. On (DATE AT OM2), did (you/SP) buy or repair the glasses or contact lenses at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the glasses or lenses at the managed care plan center; at an optician, optometrist or other place that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO YES 1
NO 2
REFUSED -7
DON'T KNOW -8

OM3. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs of a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

OMPRHEAR YES 1 (OM4)
NO 2 **BOX OMA1**
REFUSED -7 **BOX OMA1**
DON'T KNOW -8 **BOX OMA1**

OM4. When did (you/SP) buy or repair a hearing or speech device? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1BB	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM4a FOR EACH DATE ENTERED AT OM4. OTHERWISE, GO TO BOX OMA1 .
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- OM4a. On (DATE AT OM4), did (you/SP) buy or repair the hearing or speech device at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the hearing or speech device at the managed care plan center; from an audiologist, speech pathologist, or other provider that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OMA1	IF OM6 = 4, 5, 6, 91 AND OM7b = 1 FOR THE (FIRST/NEXT) ORTHOPEDIC ITEM FROM THE PREVIOUS ROUND, GO TO OMS5. OTHERWISE, GO TO OM5.
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- OMS5. At the time of the last interview, (you were/SP was) renting (OM6 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (OM6 ITEM) being rented?

RENTSTIL YES 1 **BOX OM1EE**
RENTRECR NO 2 (OM7c)
RENTENDR EVENT ENTERED IN ERROR 3 **BOX OMA1**
 REFUSED -7 **BOX OM3(a)**
 DON'T KNOW -8 **BOX OM3(a)**

- OM5. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, and braces or supports.]

SHOW CARD OM1	OMPRORTH YES 1 (OM6)
	NO 2 (OM9)
	REFUSED -7 (OM9)
	DON'T KNOW -8 (OM9)

OM6. What was the item?

ORTHTYPE	BRACES/SUPPORTS.....	1	(OM7)
	CANE	2	(OM7)
	CORRECTIVE SHOES/INSERTS.....	3	(OM7)
	CRUTCHES	4	(OM6a)
	EVOSTEXT	WALKER	5
EVNTQUES	WHEELCHAIR/CART.....	6	(OM6a)
	OTHER (SPECIFY)	91	(OM6a)

OM6a. Did (you/SP) buy or repair the (OM6 ITEM), or did (you/SP) rent (it/them)?

RENTPROB	BUY/REPAIR	1	BOX OM1
	RENT	2	BOX OM2
	REFUSED	-7	BOX OM1
	DON'T KNOW	-8	BOX OM1

BOX OM1	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM7. ■ THROUGH UTS AND SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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BOX OM2	IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b.
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OM7. When did (you/SP) buy or repair the (ITEM FROM OM6)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

EVBEGMM

EVBEGDD

EVBEGY

BOX OM1CC	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa FOR EACH DATE ENTERED AT OM7. OTHERWISE, GO TO OM8.
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OM7aa. On (DATE IN OM7), did (you/SP) buy or repair the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM6 ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM2A	IF EVENT ADDED THROUGH UTS, GO TO UTSINTRC. IF EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. OTHERWISE, GO TO OM8.
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OM7a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM6).
[ENTER ONLY ONE DATE.]

EVBEGMM

EVBEGDD

EVBEGYY

OM7b. (Are you/Is SP) still renting the (OM6 ITEM)?

RENTSTIL	YES	1	BOX OM1DD
RENTRECR	NO	2	(OM7c)
RENTENDR	REFUSED	-7	BOX OM3(a)
	DON'T KNOW	-8	BOX OM3(a)

BOX OM1DD	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO BOX OM3(b) .
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BOX OM3	<p>(a) FILL OM7c WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>(b) IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OMS, GO TO BOX OMA1. ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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OM7c. What was the last date the (OM6 ITEM) was rented?

EVENDMM _____ / _____ / _____
EVENDDD MM DD YY
EVENDYY

BOX OM3A	IF SP IS DECEASED, GO TO BOX OM1EE . OTHERWISE, GO TO OM7cc.
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OM7cc. You said (you/SP) stopped renting the (OM6 ITEM). Is this because (you/he/she) no longer (have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY NO LONGER HAVE THE ITEM..... 1 **BOX OM1EE**
 PURCHASED THROUGH RENT-TO-BUY 2 **BOX OM3B**
 OTHER 3 (OM7ccVB)
 REFUSED -7 **BOX OM1EE**
 DON'T KNOW -8 **BOX OM1EE**

OM7ccVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OM6 ITEM).

REN2BVB1 _____
REN2BVB2 _____
REN2BVB3 _____
REN2BVB4 _____

BOX OM3B	IF OM7cc=2 OR 3, THEN SET RBUYCOST=1. GO TO BOX OM1EE .
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BOX OM1EE	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO (b). (b) IF COMING FROM OMS5, GO TO BOX OMA1 . OTHERWISE, GO TO BOX OM4 .
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OM7d. Did (you/SP) rent the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM6 ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO YES 1
NO 2
REFUSED -7
DON'T KNOW -8

BOX OM4	<p>IF OMS5 \neq -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA1. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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OM8. In addition to the orthopedic item(s) you just told me about, did (you/SP) buy, repair, or rent any other orthopedic items [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP YES 1 (OM6)
NO 2 (OM9)
REFUSED -7 (OM9)
DON'T KNOW -8 (OM9)

OM9. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy diabetic equipment or supplies, such as those listed on this card? [Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]

SHOW CARD OM2	<p>OMPRDIAB YES 1 (OM10) NO 2 (OM11) REFUSED -7 (OM11) DON'T KNOW -8 (OM11)</p>
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OM10. When did (you/SP) buy diabetic equipment or supplies? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1FF	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM10a FOR EACH DATE ENTERED AT OM10. OTHERWISE, GO TO OM11.
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OM10a. On (DATE IN OM10), did (you/SP) buy the diabetic equipment or supplies at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying the diabetic equipment or supplies at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

OMSATHMO YES 1
NO 2
REFUSED -7
DON'T KNOW -8

OM11. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) use any ambulance or rescue squad service?

OMPRAMBL YES 1 (OM12)
NO 2 (OM13)
REFUSED -7 (OM13)
DON'T KNOW -8 (OM13)

OM12. When did (you/SP) use an ambulance? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE

EVBEGBMM

EVBEGBDD

EVBEGBYY

BOX OM1GG	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM12a FOR EACH DATE IN OM12. OTHERWISE, GO TO OM13.
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OM12a. Was the ambulance on (DATE) provided by or approved by [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could mean that the ambulance was sent by the plan, or that (you/SP) or someone for (you/SP) contacted the plan for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.]

OMSATHMO

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

OM13. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy or pay for repairs of any prostheses, such as those on the card? [Prostheses include artificial leg or arm, mastectomy prosthesis, and glass eye.]

SHOW
CARD
OM3

OMPRPROS

YES	1	(OM14)
NO	2	BOX OMA4
REFUSED	-7	BOX OMA4
DON'T KNOW	-8	BOX OMA4

OM14. When did (you/SP) buy or repair the prosthesis? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

OMETYPE

EVBEGMM

EVBEGDD

EVBEGYY

BOX OM1HH	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM14a FOR EACH DATE ENTERED AT OM14. OTHERWISE, GO TO BOX OMA4 .
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OM14a. On (DATE AT OM14), did (you/SP) buy or repair the prosthesis at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the prosthesis at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO

YES 1
NO 2
REFUSED -7
DON'T KNOW -8

OM15 - OM18 OMITTED

BOX OMA4	IF OM20b = 1 FOR THE (FIRST/NEXT) OXYGEN-RELATED EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS19. OTHERWISE, GO TO OM19.
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OMS19. At the time of the last interview, (you were/SP was) renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)] (is/was) the oxygen-related equipment being rented?

RENTSTIL	YES	1	BOX OM1KK
RENTRECR	NO	2	(OM20c)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA4
	REFUSED	-7	BOX OM8(a)
	DON'T KNOW	-8	BOX OM8(a)

OM19. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any (other) expenses for oxygen or supplies or oxygen-related equipment?

OMPROXGN	YES	1	(OM19a)
	NO	2	BOX OMA11
	REFUSED	-7	BOX OMA11
	DON'T KNOW	-8	BOX OMA11

OM19a. What was that?

OXGNTYPE	OXYGEN/SUPPLIES	1	(OM20)
STOMTYPE	EQUIPMENT	2	(OM19b)

OM19b. Did (you/SP) buy or repair the oxygen-related equipment, or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	BOX OM5
	RENT	2	BOX OM6
	BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT.....	3	BOX OM5
	REFUSED	-7	BOX OM5
	DON'T KNOW	-8	BOX OM5

BOX OM5	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM20. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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BOX OM6	IF EVENT ADDED THROUGH OM, GO TO OM20a. OTHERWISE, GO TO OM20b.
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OM20. When did (you/SP) purchase the (oxygen or supplies)/(oxygen-related equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE

EVBEGMM

EVBEGDD

EVBEGYY

BOX OM11I	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa FOR EACH DATE ENTERED AT OM20. OTHERWISE, GO TO BOX OM7 .
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OM20aa. On (DATE IN OM20), did (you/SP) buy or repair the (OM19a RESPONSE ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM19a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM7	IF OM19b = 3 AND EVENT ADDED THROUGH OM, GO TO OM20a. IF OM19b = 1 AND EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. IF OM19b = 1 AND EVENT ADDED THROUGH UTS, GO TO UTSINTRC. OTHERWISE, IF OM20d NOT EQUAL TO -1, GO TO BOX OMA11 . OTHERWISE, GO TO OM20d.
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OM20a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the oxygen-related equipment.
[ENTER ONLY ONE DATE.]

EVBEGMM

EVBEGDD

EVBEGYY

OM20b. (Are you/Is SP) still renting the oxygen-related equipment?

RENTSTIL	YES	1	BOX OM1JJ
RENTRECR	NO	2	(OM20c)
RENTENDR	REFUSED	-7	BOX OM8(a)
	DON'T KNOW	-8	BOX OM8(a)

BOX OM1JJ	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO BOX OM8(b) .
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BOX OM8	<p>(a) FILL OM20c WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>(b) IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OMS, GO TO BOX OMA4. ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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OM20c. What was the last date the equipment was rented?

EVENDMM
EVENDDD
EVENDYY

____/____/____
MM DD YY

BOX OM8A	IF SP IS DECEASED, GO TO BOX OM1KK . OTHERWISE, GO TO OM20cc.
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OM20cc. You said (you/SP) stopped renting the oxygen-related equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY	NO LONGER HAVE THE ITEM.....	1	BOX OM1KK
	PURCHASED THROUGH RENT-TO-BUY	2	BOX OM8B
	OTHER	3	(OM20ccVB)
	REFUSED	-7	BOX OM1KK
	DON'T KNOW	-8	BOX OM1KK

OM20ccVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

BOX OM8B	IF OM20cc=2 OR 3, THEN SET RBUYCOST=1. GO TO BOX OM1KK .
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BOX OM1KK	<p>(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO (b).</p> <p>(b) IF COMING FROM OMS19, GO TO BOX OMA4. OTHERWISE, GO TO BOX OM9.</p>
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OM20d1. Did (you/SP) rent the oxygen equipment at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the oxygen equipment at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO

YES	1
NO	2
REFUSED	-7
DON'T KNOW	-8

BOX OM9	<p>IF OMS19 \neq -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA4. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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BOX OM10	<p>IF OM20d NOT EQUAL TO -1, GO TO BOX OMA11. OTHERWISE, GO TO OM20d.</p>
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OM20d. In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did (you/SP) [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?

TEMP

YES	1	BOX OM11
NO	2	BOX OMA11
REFUSED	-7	BOX OMA11
DON'T KNOW	-8	BOX OMA11

BOX OM11	<p>IF OM19a = 1, GO TO OM19b. IF OM19a = 2, GO TO OM20.</p>
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BOX OMA11	<p>IF OM22b = 1 FOR THE (FIRST/NEXT) KIDNEY DIALYSIS EQUIPMENT RENTAL FROM THE PREVIOUS ROUND, GO TO OMS21. OTHERWISE, GO TO OM21.</p>
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OMS21. At the time of the last interview, (you were/SP was) renting equipment for kidney dialysis. As of (today/DATE OF DEATH/INSTITUTIONALIZATION), (is/was) the equipment being rented?

RENTSTIL	YES	1	BOX OM1NN
RENTRECR	NO	2	(OM22c)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA11
	REFUSED	-7	BOX OM15(a)
	DON'T KNOW	-8	BOX OM15(a)

OM21. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?

OMPRKDN	YES	1	(OM21a)
	NO	2	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

OM21a. What was that?

KDNYTYPE	SUPPLIES	1	(OM22)
STOMTYPE	EQUIPMENT	2	(OM21b)

OM21b. Did (you/SP) buy or repair the dialysis equipment, or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	BOX OM12
	RENT	2	BOX OM13
	REFUSED	-7	BOX OM12
	DON'T KNOW	-8	BOX OM12

BOX OM12	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM22. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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BOX OM13	IF EVENT ADDED THROUGH OM, GO TO OM22a. OTHERWISE, GO TO OM22b.
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OM22. When did (you/SP) (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1LL	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa FOR EACH DATE ENTERED AT OM22. OTHERWISE, GO TO BOX OM14 .
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OM22aa. On (DATE IN OM22), did (you/SP) buy (or repair) the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying (or repairing) the (OM21a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM14	IF EVENT ADDED THROUGH UTS, GO TO UTSINTRC. IF EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. IF OM22d NOT EQUAL TO -1, GO TO BOX OMA18 . OTHERWISE, GO TO OM22d.
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OM22a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the kidney dialysis equipment. [ENTER ONLY ONE DATE.]

EVBE GMM

EVBE GDD

EVBE GYY

OM22b. (Are you/Is SP) still renting the kidney dialysis equipment?

RENTSTIL

RENTRECR

RENTENDR

YES

NO

REFUSED

DON'T KNOW

BOX OM1MM

2 (OM22c)

-7 **BOX OM15(a)**

-8 **BOX OM15(a)**

BOX OM1MM	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO BOX OM15(b) .
--------------	--

BOX OM15	<p>(a) FILL OM22c WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>(b) IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OMS, GO TO BOX OMA11. ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
-------------	--

OM22c. What was the last date the equipment was rented?

EVENDMM
EVENDDD
EVENDYY

____/____/____
MM DD YY

BOX OM15A	IF SP IS DECEASED, GO TO BOX OM1NN . OTHERWISE, GO TO OM22cc.
--------------	--

OM22cc. You said (you/SP) stopped renting the dialysis equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY	NO LONGER HAVE THE ITEM.....	1	BOX OM1NN
	PURCHASED THROUGH RENT-TO-BUY	2	BOX OM15B
	OTHER	3	(OM22ccVB)
	REFUSED	-7	BOX OM1NN
	DON'T KNOW	-8	BOX OM1NN

OM22ccVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

BOX OM15B	IF OM22cc=2 OR 3, THEN SET RBUYCOST=1. GO TO BOX OM1NN .
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BOX OM1NN	<p>(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO (b).</p> <p>(b) IF COMING FROM OMS21, GO TO BOX OMA11. OTHERWISE, GO TO BOX OM16.</p>
--------------	--

OM22d1. Did (you/SP) rent the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM21a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM16	<p>IF OMS21 \neq -1 FOR THIS (NEXT) EVENT, GO TO BOX OMA11. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
-------------	--

BOX OM17	<p>IF OM22d NOT EQUAL TO -1, GO TO BOX OMA18. OTHERWISE, GO TO OM22d.</p>
-------------	--

OM22d. In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did (you/SP) [(buy kidney dialysis supplies)/(obtain any kidney dialysis equipment)]?

TEMP	YES	1	BOX OM18
	NO	2	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

BOX OM18	<p>IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22.</p>
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BOX OMA18	IF OM24 = 1, 2, 3, 4, 8, 91 AND OM26a1 = 1 FOR THE (FIRST/NEXT) MEDICAL EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS23. OTHERWISE, GO TO OM23.
--------------	---

OMS23. At the time of the last interview, (you were/SP was) renting (PREV. ROUND OM24 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (PREV. ROUND OM24 ITEM) being rented?

RENTSTIL	YES	1	BOX OM1QQ
RENTRECR	NO	2	(OM26b)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA18
	REFUSED	-7	BOX OM22(a)
	DON'T KNOW	-8	BOX OM22(a)

OM23. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, rent, or repair any other medical equipment besides what we have talked about? [Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats, special chairs or cushions, hospital beds, ostomy supplies, Depends, Serenity or other brands of disposable diapers or incontinence supplies, bandages, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, etc.]

SHOW CARD OM4

OMPROTHR	YES	1	(OM24)
	NO	2	BOX OM24
	REFUSED	-7	BOX OM24
	DON'T KNOW	-8	BOX OM24

OM24. What kind of equipment was the item?

OTHRTYPE	PORTABLE COMMUNE OR RAISED	
	TOILET SEAT	1 (OM24a)
	PORTABLE TUB SEAT	2 (OM24a)
	SPECIAL CHAIR/CUSHION/MATTRESS	3 (OM24a)
	HOSPITAL BED/BED SIDES	4 (OM24a)
	OSTOMY SUPPLIES	5 (OM25)
	INCONTINENCE SUPPLIES (I.E., DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS)	6 (OM25)
	EVOSTEXT	
	EVNTQUES	
	STOMTYPE	
	BANDAGES, DRESSINGS, TAPE SUPPLIES	7 (OM25)
	PULMONARY EQUIPMENT	8 (OM24a)
	OTHER (SPECIFY)	91 (OM24a)

OM24a. Did (you/SP) buy or repair the (OM24 ITEM), or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1 BOX OM19
	RENT	2 BOX OM20
	REFUSED	-7 BOX OM19
	DON'T KNOW	-8 BOX OM19

BOX OM19	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM26. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM26aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM26aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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BOX OM20	<p>IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1.</p>
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OM25. [INTERVIEWER: THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REF. DATE).]

How many times [since (REF. DATE) (have you/has SP) bought or obtained/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) buy or obtain] (ITEM IN OM24)?

	NUMBER OF TIMES:	(OM27)
GETNUM	REFUSED	-7 (OM27)
PMROTYPE	DON'T KNOW	-8 (OM27)

OM26. When did (you/SP) buy or repair the (ITEM IN OM24)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]
[ENTER ALL DATES.]

OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM100	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26aa FOR EACH DATE ENTERED AT OM26. OTHERWISE, GO TO OM27.
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OM26aa. On (DATE IN OM26), did (you/SP) buy or repair the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (ITEM IN OM24) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

OMSATHMO	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

BOX OM21	IF EVENT ADDED IN UTS, GO TO UTSINTRC. IF EVENT ADDED IN CTRL/I, RETURN TO INT8. OTHERWISE, GO TO OM27.
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OM26a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM24) [ENTER ONLY ONE DATE.]

EVBEGMM
EVBEGDD
EVBEGYY

OM26a1. (Are you/Is SP) still renting the (OM24 ITEM)?

RENTSTIL	YES	1	BOX OM1PP
	NO	2	(OM26b)
	REFUSED	-7	BOX OM22(a)
	DON'T KNOW	-8	BOX OM22(a)

BOX OM1PP	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO BOX OM22(b) .
--------------	---

BOX OM22	<p>(a) FILL OM26b WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>(b) IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OMS, GO TO BOX OMA18. ■ THROUGH OM, GO TO OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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OM26b. What was the last date (you/SP) rented the (OM24 ITEM)?

OMETYPE	____/____/____
EVENMMM	MM DD YY
EVENDDD	
EVENDDYY	

BOX OM22A	IF SP IS DECEASED, GO TO BOX OM1QQ . OTHERWISE, GO TO OM26bb.
--------------	--

OM26bb. You said (you/SP) stopped renting the (OM24 ITEM). Is this because (you/he/she) no longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY	NO LONGER HAVE THE ITEM.....	1	BOX OM1QQ
	PURCHASED THROUGH RENT-TO-BUY	2	BOX OM22B
	OTHER	3	(OM26bbVB)
	REFUSED	-7	BOX OM1QQ
	DON'T KNOW	-8	BOX OM1QQ

OM26bbVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OM24 ITEM).

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

BOX OM22B	IF OM26bb=2 OR 3, THEN SET RBUYCOST=1. GO TO BOX OM1QQ .
--------------	---

BOX OM1QQ	<p>(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO (b).</p> <p>(b) IF COMING FROM OMS23, GO TO BOX OMA18. OTHERWISE, GO TO BOX OM23.</p>
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OM26c. Did (you/SP) rent the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (ITEM IN OM24) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OM23	<p>IF OMS23 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA18. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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OM27. In addition to the medical equipment you just told me about, did (you/SP) buy, rent, or repair any other medical equipment [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP

YES	1 (OM24)
NO	2 BOX OM24
REFUSED	-7 BOX OM24
DON'T KNOW	-8 BOX OM24

BOX OM24	IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD FOR OM30, GO TO OM30 FOR EACH ALTERATION UNFINISHED AS OF LAST ROUND AND THEN RETURN TO OM28 FOR THIS ROUND. OTHERWISE, GO TO OM28.
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OM28. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples. [Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]

SHOW CARD OM5

OMPRALTR

YES	1 (OM29)
NO	2 BOX PMS1
REFUSED	-7 BOX PMS1
DON'T KNOW	-8 BOX PMS1

OM29. What was the alteration?

ALTRTYPE	ELEVATOR OR INCLINE CHAIR	1
	HANDRAILS (OTHER THAN TUB)	2
	RAMPS	3
	TUB HANDRAILS	4
EVOSTEXT	TUB SEAT	5
EVNTQUES	ANY CAR ALTERATION	6
	OTHER (SPECIFY)	91

- OM30. [Last time (you/SP) had started to make an alteration (ALTERATION FROM OM29) that was not completed as of (PREVIOUS ROUND INTERVIEW DATE).]
On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?
[ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]

EVBE GMM
EVBE GDD
EVBE GYY

_____/_____/_____
MM DD YY

- OM31. In addition to the alteration(s) you just told me about, did (you/SP) make any other alterations because of some illness or injury [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP	YES	1 (OM29)
	NO	2 BOX PMS1
	REFUSED	-7 BOX PMS1
	DON'T KNOW	-8 BOX PMS1